REMARKS/ARGUMENTS

Claims 1-15 are pending and were examined. All claims were rejected over the art. Additionally, claim 15 was objected to as having an incorrect dependency. Claim 1 has been amended. Claims 14-15 have been cancelled. Reexamination and reconsideration of the claims, as amended, are respectfully requested.

As an initial matter, Applicant notes that the objection to claim 15 is now moot since claim 15 has been cancelled.

Remaining claims 1-13 have all been rejected as being anticipated by and/or obvious over four different U.S. Patents. For the reasons discussed in more detail below, such prior art rejections are traversed in part and overcome in part.

Claim 1, the only independent claim remaining in this application, requires among other limitations that the balloon have "a proximal end attached to the distal end of the catheter body." Such attachment can be seen in virtually all of the figures in the present application where a proximal portion of the balloon, typically a necked down region, is attached directly to a distal end of the catheter body. To clarify the nature of this attachment, Applicant has amended claim 1 to recite that the proximal end is attached "directly" to the distal end of the catheter body.

As will now be discussed, none of the prior art references disclose or suggest a catheter for having a guidewire tube with a proximal end spaced distally of a distal end of the catheter body where that distal end is attached directly to the proximal end of the balloon.

Claims 1-3, 6-7, and 10-13 were rejected as being anticipated by U.S. Patent No. 6,248,092 to Miraki et al. The Examiner characterizes Miraki as disclosing a "proximal end of the guidewire tube . . . [that] . . . is spaced distally at least 1 mm to the distal end of the catheter body." See Fig. 1. Applicant respectfully disagrees with this characterization.

The Examiner's position is based on the assumption that the distal end of the catheter body 10 is located at region 22. Region 22 however, is not directly attached to the balloon 30 as required by independent claim 1. It is further pointed out that if the end of the distal tubular polymeric 12 is assumed to be the "distal end" that the catheter body, then the proximal end of the guidewire tube 44 is spaced far proximally of the distal end of the catheter

body, not distally as required by claim 1. For these reasons, Applicant respectfully requests that the rejections over the '092 patent be withdrawn.

Claims 1-4 and 10-13 were rejected as being anticipated by U.S. Patent No. 5,370;616 to Keith et al. Such rejection is also traversed.

If the catheter body of Keith is assumed to be tube 22, as asserted by the Examiner, then it's distal end is simply not attached to the balloon, as required by claim 1. On the other hand, if the distal end 34 of sleeve section 24 is assumed to be the distal end of the catheter body, then that distal end is well distal to the proximal end of the guidewire tube, not proximal to the end as required by claim 1. For these reasons, Applicant respectfully requests that all rejections stated over the '616 patent be withdrawn.

Claims 1, 2, and 9 were rejected as being anticipated by U.S. Patent No. 6,007,517 to Anderson. Applicant respectfully traverses such rejections.

Fig. 1C of the '517 patent relied on by the Examiner appears to show a balloon 3 directly attached to a body catheter 2, where the catheter body extends the entire length through the balloon. See, for example, cross-sectional view Fig. 3A where the catheter body 2 is shown within the balloon 3. Thus, the proximal guidewire entrance in the balloon is located far proximally of the distal end of the catheter body, not distally as required by claim 1.

Applicant recognizes that in some embodiments, the '517 catheters appear to employ a separate guidewire tube located in the fold of the catheter balloon. This feature is illustrated, but not numbered, in Fig. 1C. Inclusion of the separate guidewire tube, however, places the proximal tube entry following even further proximally of the distal end of the catheter body, further distinguishing limitations of claim 1. For these reasons, Applicant respectfully requests that all rejections over Anderson '517 be withdrawn.

The Examiner also relied on U.S. Patent Publication 2004/0267196 to Miki et al. to reject the claims. Such rejections are also traversed.

Fig. 1 of Miki illustrates a balloon catheter having a catheter body 102 having an unnumbered distal end terminating near the balloon 103. A guidewire lumen 106 has a proximal port 107 which is located proximally of the distal end of the catheter body. Thus, it is clear that the limitation of claim 1 that the distal end of the catheter body be spaced proximally of the

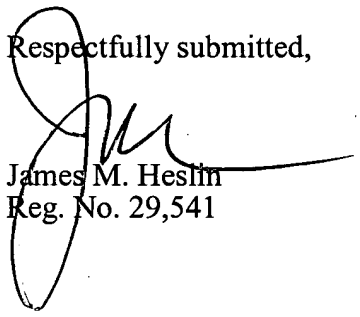
proximal end of the guidewire lumen is not met. Nor is the distal end of the catheter body 102 attached directly to the balloon, as now required by claim 1. For these reasons, Applicant respectfully requests that all rejections stated over the '196 publication be withdrawn.

Without conceding their correctness, Applicant notes that the rejections of all dependent claims must fail for the same reasons stated above with respect to independent claim 1. In particular, dependent claim 5 which has been rejected as being obvious over three of the four references must fail since none of these references teach the requirements of independent claim 1 that the balloon be attached to the distal end of the catheter body and that the proximal end of the guidewire lumen be spaced distally of the distal end of the catheter body.

In view of the above amendments and remarks, Applicant believes that now all remaining claims are in condition for allowance and request that the application be passed to issue at an early date.

If for any reason the Examiner believes that a telephone conference would in any way expedite prosecution of the subject application, the Examiner is invited to telephone the undersigned at (650) 326-2400.

Respectfully submitted,



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